



**GEORGIA MEDICAID FEE-FOR-SERVICE
TIBSOVO PA SUMMARY**

Preferred	Non-Preferred
Tibsovo (ivosidenib)	N/A

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Special consideration taken for members with stage IV advanced metastatic cancer.

PA CRITERIA:

- ❖ Approvable for members with a diagnosis of relapsed or refractory acute myeloid (myelogenous) leukemia (AML) who have an isocitrate dehydrogenase-1 (IDH1) mutation as detected by a Food Drug Administration (FDA)-approved test or other validated test performed in a Clinical Laboratory Improvement Amendments (CLIA)-approved facility.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.